

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

34716

1. PLACE OF DEATH

County.....

Registration District No. 291

Township.....

Primary Registration District No. 72

City St. Louis Mo.

(No. City Hospital 41)

File No. 8878

Registered No. 8878

St. Ward)

2. FULL NAME

THOMAS F. MEADOWS.

(a) Residence, No. 515 St. Anthony St. St. 22 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF AIDA (FRESHOUR) MEADOWS.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 2, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 31 7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook. 173

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RESTAURANT. 114 B

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSISSIPPI

13. NAME ANDREW B. MEADOWS.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSISSIPPI

15. MAIDEN NAME BEGORE JONES.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALABAMA.

17. INFORMANT MRS. AIDA MEADOWS. (ADDRESS) 515 St. Anthony St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem DATE Oct. 16 1933

19. UNDERTAKER Jay B. Smith (ADDRESS) Madison Mo.

20. FILED Oct 16 1933 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows: Date of onset

Guns shot. Laceration of left lung. Hemothorax of left side.

Other contributory causes of importance: Justifiable homicide.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 10/12, 1933

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury. Gun shot by officer.

Nature of injury. Gun shot wound of chest.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold J. Smith, M.D.

(Address) 10/13

